



## APPLICATION DATA SHEET

### APPLICATION INFORMATION

Application Number:: 10/828,969  
Filing Date:: April 21, 2004  
Application Type:: Regular  
Subject Matter:: Utility  
Title:: SYSTEM FOR TREATING A  
VASCULAR CONDITION THAT  
INHIBITS RESTENOSIS AT STENT  
ENDS  
Attorney Docket Number:: PA1498 US  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Total Drawing Sheets:: 4  
Small Entity:: No

### APPLICANT INFORMATION

Applicant Authority Type:: 1<sup>st</sup> Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: JOHN  
Middle Name:: P.  
Family Name:: SHANAHAN  
City of Residence:: Santa Rosa  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 1530 Barn Owl Place  
City of mailing address:: Santa Rosa  
State/ Province of mailing address:: CA  
Country of mailing address:: US  
Postal/Zip Code of mailing address:: 95409

Applicant Authority Type:: 2<sup>nd</sup> Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: JOHN  
Middle Name:: E.  
Family Name:: NOLTING  
City of Residence:: Santa Rosa  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 126 Airport Blvd. East  
City of mailing address:: Santa Rosa  
State/ Province of mailing address:: CA  
Country of mailing address:: US  
Postal/Zip Code of mailing address:: 95402

Applicant Authority Type:: 3<sup>rd</sup> Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: KEVIN  
Middle Name:: M.  
Family Name:: MAUCH  
City of Residence:: Windsor  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 9463 Victoria Lane  
City of mailing address:: Windsor  
State/ Province of mailing address:: CA  
Country of mailing address:: US  
Postal/Zip Code of mailing address:: 95492

Applicant Authority Type:: 4<sup>th</sup> Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: ZACHARY  
Middle Name:: J.  
Family Name:: WOODSON  
City of Residence:: Windsor  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 1165 Vintage Greens Drive  
City of mailing address:: Windsor  
State/ Province of mailing address:: CA  
Country of mailing address:: US  
Postal/Zip Code of mailing address:: 95492

#### **CORRESPONDENCE INFORMATION**

Correspondence Customer Number:: 28390  
Name:: Medtronic Vascular, Inc.  
Street of mailing address:: 3576 Unocal Place  
City of mailing address:: Santa Rosa  
State/Province of mailing address:: CA  
Country of mailing address:: US  
Postal/Zip Code of mailing address:: 95403  
Phone Number:: (707) 566-1746  
Fax Number:: (707) 543-5420  
E-Mail address:: michael.joseph.jaro@medtronic.com

#### **DOMESTIC PRIORITY INFORMATION**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/464,724	April 23, 2003

**ASSIGNEE INFORMATION**

Assignee name:: Medtronic Vascular, Inc.  
Street of mailing address:: 3576 Unocal Place  
City of mailing address:: Santa Rosa  
State/Province of mailing address:: CA  
Country of mailing address:: US  
Postal/Zip Code of mailing address:: 95403